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KENNETH L. COVELL

May 2, 2006

Patricia L. Zobel
Delisio Moran Geraghty & Zobel
943 W. 6th Avenue
Anchorage, Alaska 99501

Re: *Gilbert v. APC Natchiq, Inc.*
Demand for Payment, Safety Specialist Position
Pursuant to AS23.10.060 and 8 AAC 15.100

Dear Ms. Zobel:

John Gilbert hereby demands that APC Natchiq, Inc., pursuant to AS 23.05.140, AS 23.10.060 and 8 AAC 15.100, pay all overtime and wages due him, in the amount of \$36,516.80, for his employment as Safety Specialist, from June 20, 2001 through December 31, 2001. (The \$36,516.80 number is arrived at by taking the \$44,166.80 from the top line of the two-year audit and subtracting a credit of \$7,650.00 for monies paid towards overtime.)

The days and hours worked is detailed in Monte Jordan's Report, which was previously provided to Defendant by Plaintiff at Bates Nos. 0146-0155. (Another copy of Monte Jordan's Report is enclosed, as well as the two-year audit detailing hours worked and monies owed.) Payment may be made to Plaintiff, care of counsel, at his place of business.

If you have any questions, please do not hesitate to contact me.

Sincerely,

LAW OFFICES OF KENNETH L. COVELL

By:


Kenneth L. Covell

KLC:syd

Enclosure

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mail piece, or on the front if space permits.</p>		<p>A. Signature: <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Sophie Ekolok</i></p>	
<p>1. Article Addressed to: <i>Ans'd</i></p> <p><i>Patricia L. Zobel</i></p> <p><i>Delisio, Moran et al.</i></p> <p><i>943 W. 6th Ave.</i></p> <p><i>Anchorage, AK 99501</i></p>		<p>B. Received by (Printed Name): <i>Sophie Ekolok</i></p> <p>C. Date of Delivery: <i>5-4-06</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>7005 1160 0000 8786 7321</i></p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

102595-02-M-1540